MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11170

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Winifred (Middle) Faye (Last) Bowling

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 6, 1950

9. AGE last birthday: yrs. If under 1 year: Months 6; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): La Plata Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Walter Bowling Jr.

14. MOTHER'S MAIDEN NAME: Winifred Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Walter Bowling, Jr. Newport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, Right and Left Lower Lobes (Bacteriology undetermined) — Interval Between Onset and Death: 18 hours

490X Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — — — —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/6, 1950, to 11/19, 1950, that I last saw the deceased alive on 11/19, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE: John H. Griffin, M.D. (Degree or title) ADDRESS: Hughesville, Charles Co. DATE SIGNED: 11/21/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 11/22/50

NAME OF CEMETERY OR CREMATORY: Dentsville, ME.

LOCATION (City, town, or county) (State): Dentsville, Md.

DATE REC'D BY LOCAL REG.: 11/21/50

REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS: Hunter & Ryon, Waldorf, Md.

205060 221 404

RECEIVED
NOV 24 1950
BUREAU V. S

1171

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 mo Physicians Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) a. (Last) COCHRANE

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1950

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 12-1869

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Dover Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Reid

14. MOTHER'S MAIDEN NAME: Christine Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Mrs Otis Barnes, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Ascites and Generalized Anasarca	3 months
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of Liver (Portal)	1 year.
	(c)	

581.0
121.b

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Arteriosclerotic Heart Disease — 4 years.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1946, to Nov. 28, 1950, that I last saw the deceased alive on Nov. 28, 1950, and that death occurred at 6: A. m., from the causes and on the date stated above.

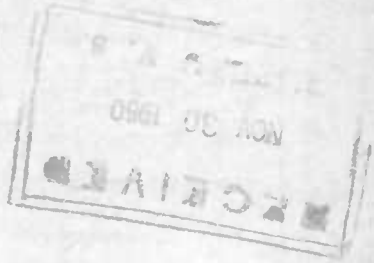
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Warren Barber, M.D. La Plata, Md. Nov. 28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 30-50 — NAME OF CEMETERY OR CREMATORY: Mt Rest — LOCATION (City, town, or county) (State): La Plata Md

DATE REC'D BY LOCAL REG. 11/29/50 — REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Smith & Gyon — ADDRESS: Waldorf Md


RECEIVED
NOV 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11172

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Louisiana Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Louisiana Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charlie		Middleton	Nov.	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	Negro	Wid	Aug 12-1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Farmer	Retired	Chas Co	

13. FATHER'S NAME: Frank Middleton

14. MOTHER'S MAIDEN NAME: Mary A. Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Della Eddelen - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemiplegia	11-20-50
443 X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - Heart Disease	7-6-46
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7-6, 1946 to 11-29, 1950, that I last saw the deceased alive on 11-27, 1950 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE L. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 11-29-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 50	Holy Ghost	Issue Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/1/50	Julia H. Posey	Arnett & Lyon	Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4 1950
BUREAU Y. E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11173

Reg. Dist. No. ~~242~~ 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: La Plata Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grayton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) W. (Last) QUIGLEY
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1950.
5. SEX: Male
6. COLOR OR RACE: US-W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 11, 1879
9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired. U.S. Naval Gun Factory
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Daniel Quigley
14. MOTHER'S MAIDEN NAME: Mary vnk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr Bruce S. Quigley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure — 3 hours.

434.1 Antecedent cause(s)

93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. diarrhea of undetermined origin. — 2 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Nov, 1950, to 24 Nov, 1950, that I last saw the deceased alive on 24 Nov, 1950, and that death occurred at 6:48 p.m., from the causes and on the date stated above.

SIGNATURE: A S Woodley. (Degree or title) MD. ADDRESS: La Plata. Md. DATE SIGNED: 24 Nov 50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11-28-50 — NAME OF CEMETERY OR CREMATORY: Congressional Cem. — LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: Nov. 25-50 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR: J. Wm. Lee's Sons Co — ADDRESS: 300-4th N.E. D.C.

Mrs. T. Willis Posey

49697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

11174

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Chas — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pet Pleta — LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Pleta Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Smith
4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-2-1874
9. AGE last birthday 76 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber & Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Charles Co Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert Lee
14. MOTHER'S MAIDEN NAME Laura Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Laura Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia — 11-27-50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (No further information - 12/15/50 akc)

493x
109

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Medelen M.D. (Degree or title) — ADDRESS La Pleta Md — DATE SIGNED 11-29-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 2-50 — NAME OF CEMETERY OR CREMATORY Newtown M.E. — LOCATION (City, town, or county) Rural La Pleta — (State) Md

DATE REC'D BY LOCAL REG. 12/1/50 — REGISTRAR'S SIGNATURE Julia H. Posey — 24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf Md

3484

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DEC 4 1950
BUREAU OF S